MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031169 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4496

FILED SEP 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 15 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Baptist Memorial Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 11214 Bristol
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Deuaine Middle: M. Last: Matthews

4. DATE OF DEATH: Month: Aug. Day: 28 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-31-1926

9. AGE (last birthday): 35 Yrs

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst Sales Manager

10b. KIND OF BUSINESS OR INDUSTRY: Auto Agency

11. BIRTHPLACE (City and state or country): Brownsville, Iowa

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William L. Matthews

13b. MOTHER'S MAIDEN NAME: Nellie Jenkins

14. NAME OF HUSBAND OR WIFE: Eula Deane Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 2 Navy

16. SOCIAL SECURITY NO.:

17. INFORMANT: Eula D. Matthews, 11214 Bristol Address: K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Rheumatic Heart Desease a/valvular Desease	5 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-28-1959 to 8-28-62 and last saw ~~him~~ alive on 8-19-62

Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William Y. Eubank M.D.

22b. ADDRESS: 6400 Prospect KC 32 Mo

22c. DATE SIGNED: 8-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-31-1962

23c. NAME OF CEMETERY OR CREMATORY: Floral Hills

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Floral Hills Memorial Chapels, Inc Blue Ridge & Gregory

25. DATE RECD. BY LOCAL REG.: 8-31-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Rec. 1-4:30 P.M.
Emb'l - 8-2-08
6400 Dialect
By Wm Culbertson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ____, Student Embalmer No.____________

working under my personal supervision.

Student______________________________ Signed C. M. Jones
Signature of Student Embalmer

Licensed Embalmer No. 3453

P. O. Address K. C. Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.